


Appendix E

Algae Submission Form/ Chain-of-Custody

Algae Sample Submission Form (Reproduce as needed for each sample)			
Send this form with samples to:		Bureau of Environmental Field Services OR Watershed Planning, Monitoring, and Assessment Section Kansas Department of Health and Environment 1000 SW Jackson Ave., Suite 440 (Curtis State Office Building) Topeka, Kansas 66612-1367	
NOTE: Use cubetainers with no preservatives for algae (leave some airspace in cubetainer). If multiple sites are sampled for algae, submit more than one cubetainer. If submitting aquatic plants, use a ziplock bag with only a tiny amount of water in the bag. Ship them ASAP using only a small amount of ice (too cold can damage some species).			
Lake/Waterbody Name Include LM Number and Suffix Example: Central Park Lake LM0609		Check which type(s) of problem are being investigated: <input type="checkbox"/> Blue-Green Bloom <input type="checkbox"/> Taste/Odor Incident <input type="checkbox"/> Aesthetic Complaint <input type="checkbox"/> Livestock/Pet Kill <input type="checkbox"/> Other (briefly describe in space to left)	
Collector, Date, Time		Check type of waterbody samples collected from: <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Stream/River <input type="checkbox"/> Other (briefly describe in space to left)	
If this is a taste/odor incident, please provide any additional data related to the treatment plant, weather, etc.			
Also check the boxes appropriate to the qualities of the "taste" and "odor" of the finished or raw water. ("raw" or "finished" can be put in the appropriate field)			
Odor: <input type="checkbox"/> Earthy/Musty <input type="checkbox"/> Chlorinous <input type="checkbox"/> Grassy/Woody <input type="checkbox"/> Marshy/Septic <input type="checkbox"/> Fragrant/Flowery <input type="checkbox"/> Fishy/Aquarium <input type="checkbox"/> Medicinal <input type="checkbox"/> Hydrocarbon/Chemical		Taste: <input type="checkbox"/> Sour/Acidic <input type="checkbox"/> Salty <input type="checkbox"/> Bitter <input type="checkbox"/> Sweet <input type="checkbox"/> Mouthfeel _____ "Mouthfeel" covers a number of characteristics of sensation, such as "powdery," "metallic," "burning," etc. Please indicate the type of mouthfeel to the right.	
If this is not a taste/odor incident (i.e., fishkill, bloom, etc.), please indicate any other data or information related to the incident (including field conditions, other chemical data, current and preceding weather, etc.). If chemical data are sent to KHEL, please copy Diana Lehmann, WPMAS, on these.			
On the back of this form, please include a sketch map of the site.			
Edited 3/2017			

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> Location </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> GPS Coordinates GPS Unit Type </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> PHL </div> </div>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Sketch map of site </div>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Chain of Custody: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date Relinquished By Received By </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date Relinquished By Received By </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date Relinquished By Received By </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> Date Relinquished By Received By </div>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Additional Reports Routed To: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Name Address </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Name Address </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> Name Address </div>	

Back of Form



Environmental Chain of
Custody Form

Client:

Profile:

Location Code:

Location Name:

Collector:

Event Desc:

Notes:

Additional Report Recipients

To

Address

Known Hazards

Flammable

Radiological

Poison

Other

#	Sample ID, Description	Matrix	Collection		Sample Comments	Analytes	Total number of containers	Field Test Results		
			Actual Collection					Received on Ice	Sample Intact	Temperature
			Date	Time						
1										
2										
3										
4										
5										
6										
7										
8										

Transfers	Released By	Date/Time	Received By	Date/Time	Sample Condition	Received on Ice	Sample Intact	Temperature
1					Y	N	Y	N
2					Y	N	Y	N
3					Y	N	Y	N

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Front of Form

Environmental Chain of Custody Form KEY

- **Client:** Please pick one of the following – BER Remedial Section, BER Storage Tanks Section, BER Assessment & Restoration Section, BER Surface Mining Section, BOW-Geology, BOW-Industrial Programs, BOW-Livestock Management, BOW Technical Services, BOW-Watershed Management Section, BOW-Watershed Planning, NW District Office, NE District Office, NC District Office, SW District Office, SE District Office, SC District Office, BWM-Hazardous Waste Programs, BWM-Solid Waste Programs
- **Profile:** Please pick one of the following, which corresponds to client chosen above – State Cooperative Program, USDA Program, Voluntary Cleanup Program, EUC Program, Site Assessment Program, State Water Plan Program, Brownfields Program, Special Projects, Public Water Supply Unit, Monitoring Unit, Lust Unit, Remedial Unit, Federal Facilities, Spill Response Program, Dry Cleaning Program, Superfund Program, General AMS, MRD Program, Abandoned Mine Land Program, Active Mining Program, General Programs, Underground Brine Injection, Pre-treatment Programs, Livestock Special Projects, Livestock Ground Water Projects, Waste Effluent, Waste Influent, Chlorinated PWS, Distribution Systems, Point of Entry, Test Source, Supply Source, Private, Sanitary Program, Effluent Monitoring, Non-point pollution Monitoring, Pollution Investigations, Stream Chemistry, Surface Probabilistic, Lakes Monitoring WQAPS, TMDL, Biology Monitoring
- **Location Code:** Please include project code (e.g. CS-123-1234) as desired on final Report of Analysis. There is a 20-character limit.
- **Location Name:** Please include location name desired on final Report of Analysis.
- **Collector:** Please include collector name desired on final Report of Analysis.
- Event Desc:** Leave blank.
- Additional Report Recipients:** Please include names and email addresses of additional report recipients desired.
- **Sample ID:** Please include unique sample identifier for each sample.
- **Matrix:** Please pick one of the following for each sample – DW: Drinking Water; W: Water; WW: Waste Water; SO: Soil; SL: Solid; or SD: Sediment
- **Actual Collection Date/Time:** Please include actual collection date and time (Military format) for each sample.
- **Analyses:** Please pick from the following analyses available in the RHEL Environmental Test Catalog – AF: Alp/Bet, AF: Gamma, PWS Met, S: 8080Pest, S: 8260 VOC, S: Bromide, S: Gamma, S: ICP Met, S: Mercury, S: Nitrate, S: RCRA Met, S: RCRA Met, S: TCLP Met, S: TKM, W: 6080Pest, W: 8080Pest, W: 8260 VOC, W: Alpn/Bet, W: BOD, W: Bromide, W: COD, W: Conduct, W: DO, W: Gamma, W: Hardness, W: ICP Met, W: Mercury, W: Minerals, W: Nutrient, W: RCRA Met, W: RCRA Met, W: H226, W: H228, W: Strontium, W: TCLP Met, W: TDS, W: TKM, W: TOC, W: TSS, W: Tritium, W: Turbid, W: Uranium
- ** REQUIRED data for sample submission; all other fields are optional.**

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